## APPLICATION FORM







Delivery Organisation			
Micro Project Name			
Amount Applied For Through Creative Community Chest	£	Total Cost of Project (if relevant)	£
Project Start Date			

Contact Details		
Name		
Designation		
Organisation Name		
Address		
Telephone Number		
Website		
Scottish Charity Number		

Please provide a description of the micro project and tell us where the project will take place, who will be involved and the objectives and outcomes expected along with the costs you are wanting the grant for.









Space to Continue:			
DECLARATION:			
	nformation in this proposal is, to the best of my knowledge,		
<ul><li>accurate and complete.</li><li>I agree to spend the grant within one year and provide a two-page report</li></ul>			
(including photographs) one month after the project completion date.			
Signature			
Print Name			
Designation			
Date			

Please attach with the completed application form:

- Evidence of a bank account in the organisation's name
- A copy of last year's audited accounts if available
- A copy of the organisation's constitution

Please note that grants will only be made to a charity or constituted group with a bank account in its name.